

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2008 8:00 am
Secretary of State

02-08-2008 90038 017 ***150.00

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1st MOORE CR2E034 (10/07)

DOCUMENT # F33160					
1. Entity Name TEN COCONUT, INC.					
Principal Place of Business 1315 10TH STREET SARASOTA FL 34236			Mailing Address PO BOX 3022 SHELKE ISLAND HEIGHTS SHELTER ISLAND HEIGHTS NY 11965		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2163335	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHAMBERLAIN, DUNCAN PO BOX 3022 1315 10TH STREET SHELKE ISLAND HEIGHTS SARASOTA FL 34236			Name PRUDENCE FAIRWEATHER Street Address (P.O. Box Number is Not Acceptable) P.O. Box 3022 Shelter Island Heights, N.Y. City New York Zip Code 11965		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.					
SIGNATURE <i>[Signature]</i> 1315 10th Street SARASOTA, Florida 34236					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing Trust Fund Contribution, ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	CHAMBERLAIN, JOHN		NAME		
STREET ADDRESS	1315 10TH STREET		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34236		CITY-ST-ZIP		
TITLE	O	☒ Delete	TITLE	Vice-President ☒ Change ☒ Addition	
NAME	CHAMBERLAIN, DUNCAN		NAME	PRUDENCE FAIRWEATHER	
STREET ADDRESS	1315 10TH STREET		STREET ADDRESS	P.O. Box 3022	
CITY-ST-ZIP	SARASOTA FL 34236		CITY-ST-ZIP	Shelter Island Heights, N.Y. 11965	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath: that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an amendment with an address, with all other like empowered.					
SIGNATURE: <i>[Signature]</i> JOHN CHAMBERLAIN 1/28/2008 631-749-276					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					